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<b>APPLICANTS</b> Ehud Dafni, Caesaria, ISRAEL;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/19/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 55	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> <div style="text-align: center;">AIR MAIL</div> Ehud DAFNI 14 Snapir St. P.O. Box 5377 Caesarea, 38900 ISRAEL				
<b>TITLE</b> ASSESSMENT OF VASCULAR DILATATION				
<b>FILING FEE RECEIVED</b> 732	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	